

CLAIMS ONLY

Application Number

161058040

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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18						
19	1					
20		1				
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25		1				
26	1					
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50						
Total Indep	2					
Total Depend	10					
Total Claims	12					

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						